		Approved For Release 2001/0\$\frac{\f															5×1,		STATION: DATE:			
FILE	OCCUPANT						PROPERTY									TRS.	ORG.	QTRS.	AUTHORITY	COST DISTRIBUTION		
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19 2	21	22	23	24
 {1 ☆		GRAE	NO. OF	MAX. QTRS. ALLOWANCE		METH- OD OF ACQ.	TYPE	NO. BED- ROOMS	ACQ. OR OCCUPANCY DATE	EXPRATION DATE	BENT, PURCHASE PRICE OR CONST. COST	UTILITIES COST	MAINTENANCE COST	TOTAL RECURRING COST	WITHIN QTRS. ALLOW					KUBARK	EMPLOYEE	TOTAL
															1							
			-			-											1	+				
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			-			-	_											-				
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INSTRUCTIONS

The data requested will be submitted on each staff employee and staff agent currently assigned PCS to the Station regardless of whether the employee is occupying assigned, owned or leased quarters. Each employee's quarters must be accounted for. Submit the completed original and at least two legible copies to Headquarters. Typewritten forms are preferred, but legibly printed forms are also acceptable.

COLUMN 1. Enter the identifying file number previously reported on Real Property #360 or Real Property Summary #1768. If not previously reported leave blank.

COLUMN 3. Enter the appropriate or equivalent GS rating of the employee.

COLUMN 4. Enter the number of the employee's authorized dependents at the Station.

 ${\tt COLUMN~5.}$ Enter the Maximum Quarters Allowance to which the employee is entitled according to Standardized Regulations.

25X1C

COLUMN 8. Enter one of the letters A (for Apartment), H (for House) or R (for Room). BOQ space should be listed as R.

COLUMN 10. Enter the day, month and year the quarters were originally acquired either by or for the employee who is the current occupant.

COLUMN 11. Enter the day, month and year the employee's existing lease arrangements expire.

COLUMN 12. Enter the annual rent, purchase price (including closing fees and initial improvement costs), or the construction cost (including costs of land if any).

COLUMNS 13, 14 and 15. Enter the recurring annual costs. Actual figures are preferred although figures derived from verified experience factors are acceptable. Telephone costs should not be included on this form. In cases where the recurring maintenance and utilities costs have been added together and cannot be identified separately, enter this figure in Column 13 and identify as BOE.

The data requested in Columns 16 through 24 inclusive applies to Leased Quarters only. No additional information is required for Assigned, Purchased or Constructed Quarters.

COLUMN 16. Enter the letter X if an employee is claiming only his Maximum Quarters Allowance (either from KUBARKdirectly or through another ODYOKE component), and is not receiving any additional amount from any other ODYOKE source to defray the cost of his quarters.

COLUMN 17. Enter the letter X where quarters are leased and the employee is receiving, in addition to his Maximum Quarters Allowance, reimbursement from the Station under the authority contained in

COLUMNS 18, 19 and 20. Enter the letter X, where appropriate and the quarters are leased under the provisions of Fordefinitions of Organization Quarters

COLUMN 21. Enter the cable or dispatch number (with date) which authorized the acquisition of the Organization Quarters.

COLUMN 22. Enter the total recurring annual amount KUBARK is paying for the quarters which will include any amount a cover unit may be paying to the employee as Maximum Quarters Allowance but which is refunded by the employee to KUBARK.

COLUMN 23. Enter the total recurring annual amount an employee is paying for rent, utilities and maintenance. The information requested in Columns 22, 23 and 24 is required on all leased quarters regardless of whether they are Private or Organization.

25X1A

25X1A 25X1A

AO TO DOP KUBARK HOUSING POLICIES DEFERRED TO DDP KUBARK HOUSING POLICIES 25X1A DEFERRED A() KUBARK HOUSING POLICIES

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